

**Department of Human Services
Office of Services Review**

Fiscal Year 2006 Report

**A System Review
of the**

DIVISION OF CHILD AND FAMILY SERVICES

Published September 2006

Executive Summary

The Office of Services Review, in conjunction with the Federal court appointed monitor, conducts the Qualitative Case Review (QCR) and the Case Process Review (CPR) as required in the "Milestone Plan."

*The Milestone Plan is an agreement approved in Federal Court that outlines steps the Division of Child and Family Services must take in order to improve the child welfare system. To measure how well the Division is doing, the Milestone Plan calls for an evaluation of both outcomes (QCR) and compliance with DCFS practice guidelines (CPR). **Scores on the CPR are at an all-time high.***

Qualitative Case Review (QCR):

- The statewide score for **Overall Child Status was 94%. Every region exceeded the exit criteria of 85%.**
- Of 168 cases, 160 passed on Safety, which represents **95% of all cases passing Safety.**
- **The statewide score for Overall System Performance was 82%.** Three of the regions exceeded the exit criteria of 85% (Eastern, Northern and Southwest). Western region scored 79% and Salt Lake region scored 76%.
- On the core indicators, **every region exceeded the 70% exit criteria on three of the six core indicators** (Team Coordination, Plan Implementation, and Tracking & Adaptation).
- **Southwest region passed the Qualitative Case Review for the third consecutive year.**

Case Process Review (CPR):

- A total of 761 cases were reviewed from November 2005 to February 2006 in a compressed review, 6479 applicable answers were provided.
- This year's results **show significant progress and reach, again, an all time high. Evidence that a required action was completed was found 89% of the time** – compared to 80% last year and 74% the year before. This year, for the first time, partial credit was granted to a few questions. It represents less than 2% of the overall score.
- **For the first time the overall results in each case type met the goal of 85% (and 90% in CPS)!** However, to exit from court oversight each of the 52 individual questions is required to meet this goal, which was not the case.
- Of the questions with statistically reliable results **all met the goal or were within 10% of the goal**, except for three questions: initial/annual mental health exams, initial/annual dental exams, and the involvement of parents in the foster care plan.
- Of the questions with statistically reliable results **all improved this year or remained at or above the goal**, except for one score. The initial/annual dental exam is the only reliable result that regressed this year. However, health exams are usually done within 30 days of their due date: All health exams, when given an additional 30 days, meet the goal of 85%.

Submitted to:

**Utah State Legislature
Child Welfare Legislative
Oversight Committee and
The Legislative Auditor
General**

**A System Review of the
Division of Child and
Family Services**

Submitted by:

**State of Utah
Department of Human Services**
Lisa-Michele Church, Executive Director

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I. Introduction

This report provides information on the Case Process and Qualitative Case Reviews of the Division of Child and Family Services (DCFS). These reviews determine whether positive outcomes are being achieved for the children and families the Division serves; and how well caseworkers are following practice model principles and Division practice guidelines.

DCFS staff provide services to families based on the Practice Model philosophy. The Practice Model is a principle based philosophical guideline for supervisors and caseworkers that follows best practice guidelines and procedural requirements. The Practice Model has been at the core of the practice changes that are achieving the goals of the performance milestone plan.

DCFS and the Child Welfare Policy and Practice Group (CWG) developed The Performance Milestone Plan (The Plan). The Plan identifies specific milestones to achieve, outlines the steps necessary to follow in order to reach those milestones, and describes methods for measuring DCFS performance.

The Plan was prepared in accordance with the order of United States District Court Judge Tena Campbell dated September 17, 1998 in the matter of "David C. v. Leavitt". The Plan was submitted to the court on May 4, 1999. DCFS has adopted The Plan as its business plan.

The Plan calls for a performance measurement system, which DCFS, CWG and the Office of Services Review (OSR) have developed, to test how well the Division is following Practice Model principles. The system uses two reviews: a) The Case Process Review (CPR), which tests how well

caseworkers comply with very specific practice guideline requirements; b) The Qualitative Case Review (QCR), which determines the extent to which positive outcomes are being achieved for the child and family and how well the child welfare system is following key social work practices.

The CPR is "compliance" oriented whereas the QCR is "outcome and principle" oriented. For instance, the CPR asks whether a required action such as a monthly visit to the home was completed or not. Only documentary evidence from the case record is accepted. By contrast, the QCR asks whether the child is safe (outcome) and whether the team is working well together and assessing the child and family's underlying needs (practice model principle).

The CPR is primarily a record review. A random selection of cases is made and the reviewers go to the field office and read the case file or search the DCFS computer data system to determine how well compliance with practice guidelines was achieved in these cases. The QCR, on the other hand, gathers evidence from multiple sources within and outside the case record. A representative sample of 24 cases per region (72 for the Salt Lake region) is selected. Each case is reviewed by a pair of reviewers who interview key stakeholders on the case such as the family, service providers, teachers, etc.

In this report, the first chapter explains in greater detail the purpose of the QCR. It explains the findings, the methodology, and provides some possible explanations for QCR scores. The second chapter follows the same format for the CPR.

II. Qualitative Case Review

A. Purpose of the Qualitative Case Review

The Qualitative Case Review is a method of evaluation used by the Office of Services Review (OSR) in conjunction with the Child Welfare Group (CWG) to assess the current status of children and families served by the Division of Child and Family Services (DCFS), as well as the performance of the Child Welfare system. The Qualitative Case Review is a part of the Milestone Plan developed by DCFS and CWG to improve services to clients. The seventh consecutive round of Qualitative Case Reviews was completed this year.

B. Methodology

Qualitative Case Reviews were conducted in all regions. Reviews began in September 2005 and concluded in May 2006. In most regions twenty-four cases were selected for each review. In the Salt Lake Valley region, 72 cases were reviewed in two separate reviews consisting of 36 cases each. Cases were drawn from offices across each region.

In the first Salt Lake review one child was AWOL at the time of the review. Such cases are automatically scored unacceptable on Child Status and they are not scored at all on System Performance. Hence, in this report scores are provided for Child Status on 168 cases, but are only provided for 167 cases on System Performance.

Cases to be reviewed were selected by CWG based on a sampling matrix assuring that a

representative group of children was selected. The sample included children in out-of-home care and families receiving home-based services such as voluntary counseling services, protective supervision services, and intensive family preservation.

The information used for evaluation was obtained through in-depth interviews with the child (if old enough to participate), parents or other guardians, foster parents (when the target child was placed in foster care), caseworker, teacher, therapist, service providers and others having a significant role in the child's life. The child's file, including prior CPS investigations and other available records, was also reviewed.

Some of the reviewers were chosen from within DCFS such as experienced and qualified child welfare workers, supervisors, trainers, etc. They were paired with certified reviewers from CWG, OSR or community partners. An important element of a QCR review is the participation of professionals from outside DCFS who work in related fields such as mental health, juvenile courts, education, corrections, etc.

After the reviews were completed, the case was scored and reviewers submitted a case story narrative. The Qualitative Case Review instrument used by the reviewers, referred to as the QCR Protocol, is divided into two main parts or domains. The first domain aims at getting an appraisal of **the child and family's current status**. The indicators are:

- Safety
- Stability
- Appropriateness of Placement
- Prospects for Permanence
- Health/Physical Well-being
- Emotional/Behavioral Well-being
- Learning Progress/Development
- Caregiver Functioning
- Family Functioning and Resourcefulness
- Satisfaction

The purpose of the second domain of the protocol is to **evaluate Child Welfare system performance**. It follows the principles of the DCFS Practice Model. The indicators in this domain are:

- Child and Family Participation
- Child and Family Team and Coordination
- Child and Family Assessment
- Long-term View
- Child and Family Planning Process
- Plan Implementation
- Formal and Informal Supports/Services
- Successful Transitions
- Effective Results
- Tracking and Adaptation
- Caregiver Support

Each indicator was scored on a scale of 1 to 6, with 1 representing a completely unacceptable outcome and 6 representing an optimal outcome. A weighted method was used to calculate an overall Child Status score and an overall System Performance score. A narrative written by the review team gave background information on the child and family's circumstances, evaluated the child's current status and described the strengths and weaknesses of the system. The experienced child welfare professionals used as reviewers made specific suggestions for improvements when needed.

(a) Data Reliability

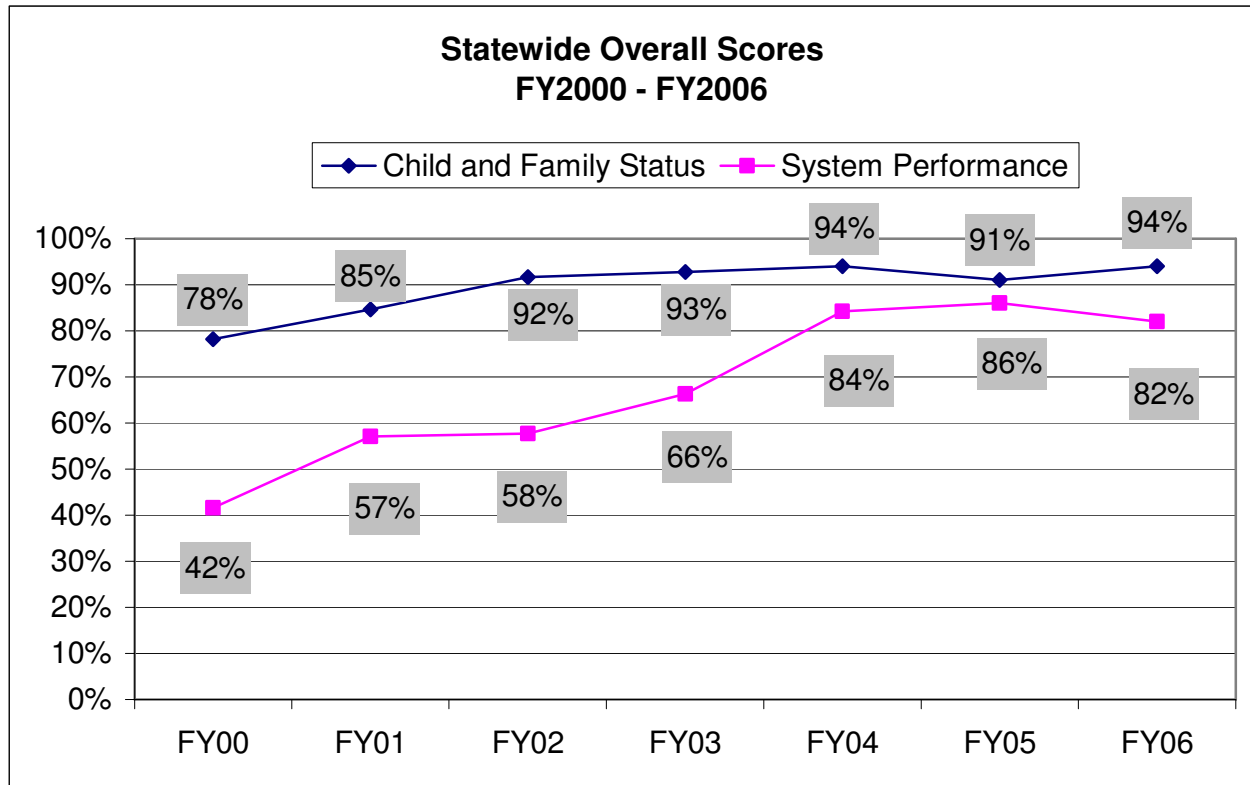
Several controls were in place to assure data accuracy. First, the court appointed monitor, Paul Vincent from CWG, and his staff were involved on all levels of the review process. They participated in reviewing half of the cases themselves, attended all case debriefings, and checked the scoring calculations. Second, all cases were reviewed by two individuals, which minimized personal biases. When DCFS reviewers were involved they were paired with a non-DCFS reviewer and they reviewed in a region other than their own. Office of Services Review reviews each case story for completeness and consistency. Finally, a case story narrative for each case is submitted to the caseworker and region administration to review for factual accuracy. In addition, the caseworker, supervisor and/or region administration have the opportunity to give factual clarifications to the reviewers during the review process in the entrance and exit interviews as well as during the debriefing of the case. The regions also have the option of appealing scores on individual cases if the appeal is based on facts that were present at the time of the review.

C. Statewide Overall Scores

The data for the Qualitative Case Review "QCR" can be examined from many different perspectives. Perhaps the broadest perspective is to examine the Overall Score for the two domains, Child and Family Status and System Performance. The chart below illustrates the performance of DCFS on a statewide basis, gives some historical basis and a chance to examine the trends in overall performance since the inception of the QCR Process and the Milestone Plan. This chart shows the overall score for both

domains for the life of the QCR. As the chart illustrates, the division has been able to demonstrate a high level of performance in both domains for the past three years and the Child and Family Status domain for the past six years. The chart also shows that not

only has the division reached a high level of performance for three years in System Performance, it has also maintained that performance and made a dramatic improvement from the first three years.



D. Review Results

Improvement in Child and Family Status

State Child Status								
		# of cases		FY02	FY03	FY04	FY05	FY06
	# of cases	Needing						Current
	Acceptable	Improvement	Exit Criteria 85% on overall score					Scores
Safety	160	8	95.0%	95%	97%	97%	92%	95%
Stability	119	48	71.3%	73%	74%	80%	73%	71%
Appropriateness of Placement	159	8	95.2%	93%	96%	98%	96%	95%
Prospect for Permanence	107	60	64.1%	63%	60%	73%	66%	64%
Health/Physical Well-being	166	1	99.1%	98%	98%	99%	97%	99%
Emotional/Behavioral Well-being	148	19	88.6%	79%	81%	87%	86%	89%
Learning Progress	149	18	89.2%	84%	79%	87%	87%	89%
Caregiver Functioning	104	2	98.1%	95%	97%	99%	98%	98%
Family Resourcefulness	55	36	60.4%	66%	53%	73%	74%	60%
Satisfaction	151	16	90.4%	89%	86%	90%	89%	90%
Overall Score	158	10	94.0%	92%	93%	94%	91%	94%
			0% 20% 40% 60% 80% 100%					

The Milestone Plan calls for 85% of all cases reviewed to attain an “acceptable” overall score on Child and Family Status. The scores on individual status indicators are important in identifying strengths and needs in particular areas. The overall score has been shaded in the chart above showing how DCFS performed on the fiscal year 2006 review.

The score on the **Overall Child Status** for DCFS statewide is **94% acceptable cases**. This is an increase over last year’s score of 91%. This represents the fifth year in a row that the overall score has been over 90%. The table at the end of this section displays the Overall Child Status results by region. **For the fifth year in a row, all regions met the exit criteria on Child Status.** This year every region had an overall Child Status score of 92% or better. In Eastern region the score reached 100%. Northern region and Southwest region each scored 96%.

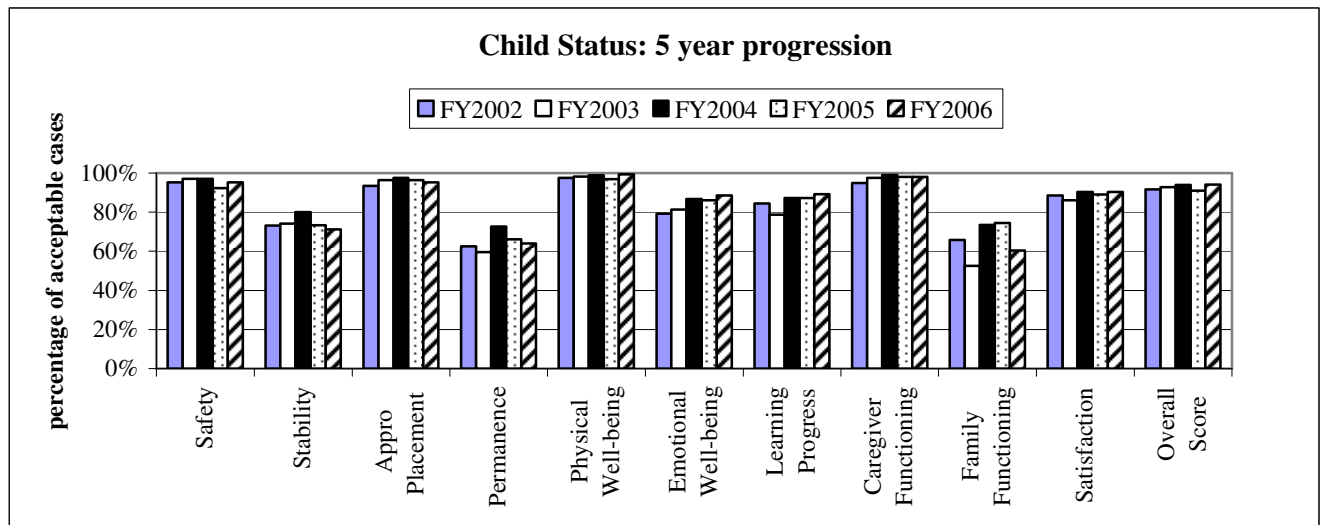
Most Child Status indicators scored very well. The indicators that scored over 85% included: Safety (95%), Appropriateness of Placement (95%), Health/Physical Well-being (99%), Emotional/Behavioral Well-being (89%), Learning Progress (89%), Caregiver Functioning (98%), and Client Satisfaction (90%).

Family Resourcefulness experienced a 14-point decrease (from 74% to 60%). Stability and Prospects for Permanence, two indicators that are closely related, each declined by two points (from 73% to 71% and from 66% to 64% respectively).

Safety: Safety is referred to as the “trump” for child and family status. Since safety is central to the overall well-being of the child, the case will not pass the Child Status domain if it fails on this indicator. To receive an acceptable rating, the child must be safe from risks of harm in his/her living and learning environments. Others in the child’s daily

environments must also be safe from high-risk behaviors or activities by the child. Of the 168 cases scored, 160 had an acceptable score on Safety, which represents 95% of all cases passing Safety. This is an excellent score.

The following graph displays the Child Status results for the last five years. It is clear that scores on Overall Child Status have consistently been high.



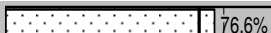
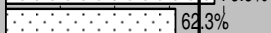
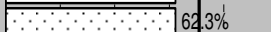
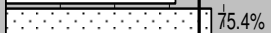
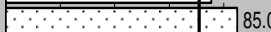
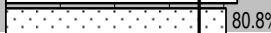
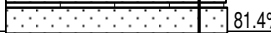




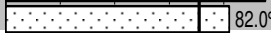
Overall Child Status scores by region: The table below shows the Overall Child Status results by region. For the fifth year in a row, all regions exceeded the 85% exit criteria.

Child Status	FY01	FY02	FY03	FY04	FY05	FY06
						Current
						Scores
Eastern Region	83%	96%	96%	100%	92%	100%
Northern Region	75%	96%	100%	100%	96%	96%
Salt Lake Region	90%	88%	89%	90%	88%	92%
Southwest Region	83%	88%	96%	96%	100%	96%
Western Region	83%	100%	92%	92%	88%	92%
Overall Score	85%	92%	93%	94%	91%	94%

Improvement in System Performance

The Performance Milestone Plan calls for 85% of all cases reviewed to attain an “acceptable” overall score on System Performance. The plan also calls for the core System Performance indicators (Child and Family Team/Coordination, Child and Family Assessment, Long-term View, Child and

Family Planning Process, Plan Implementation, and Tracking and Adaptation) to score 70% or more. The shading in the following chart highlights the core domains.

State System Performance								
	# of cases	# of cases		FY02	FY03	FY04	FY05	FY06
		Needing	Exit Criteria 70% on Shaded indicators					Current
	Acceptable	Improvement	Exit Criteria 85% on overall score					Scores
Child & Family Team/Coordination	128	39		45%	61%	79%	81%	77%
Child and Family Assessment	104	63		42%	52%	64%	63%	62%
Long-term View	104	63		32%	43%	65%	65%	62%
Child & Family Planning Process	126	41		52%	62%	72%	76%	75%
Plan Implementation	142	25		67%	77%	84%	89%	85%
Tracking & Adaptation	135	32		63%	69%	81%	84%	81%
Child & Family Participation	136	31		60%	67%	82%	85%	81%
Formal/Informal Supports	148	19		79%	84%	87%	93%	89%
Successful Transitions	121	35		56%	65%	79%	75%	78%
Effective Results	145	22		71%	77%	84%	88%	87%
Caregiver Support	103	5		93%	95%	97%	95%	95%
Overall Score	137	30		58%	66%	84%	86%	82%
			0% 20% 40% 60% 80% 100%					

The overall score for **System Performance statewide is 82%**. The state as a whole has been above or very near the exit criteria for three years in a row.

All of the System Performance indicators improved from FY 2003 to FY 2004, and seven of the 11 system indicators increased again last year. This year all eleven System Performance indicators scored within four points of what they each scored last year; two of them were slightly higher than last year and nine were slightly lower.

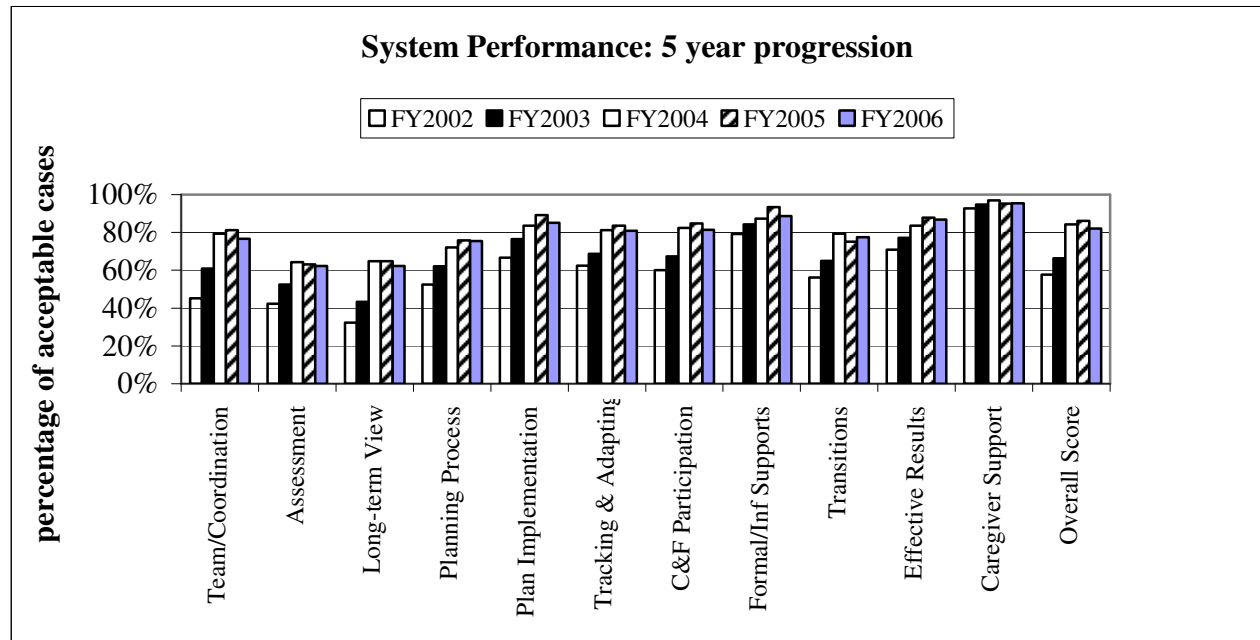
The same four core indicators that exceeded the exit criteria last year exceeded it again this year: Child and Family Team/Coordination (77%), Child and Family

Planning Process (75%), Plan Implementation (85%), and Tracking and Adaptation (81%). The other two indicators are within a few percentage points of meeting the exit criteria: Child and Family Assessment (62%) and Long-Term View (62%).

The Division made remarkable progress in FY 2004 and achieved double-digit increases in five of the core indicators. The other core indicator (Plan Implementation) had already exceeded the exit criteria during the previous year. This remarkable progress was sustained and even improved upon last year, with four of these five indicators improving or remaining the same. This year all of the core indicators remained within one to four

percentage points of the levels they achieved last year.

The following graph displays the System Performance results for the last five years.



Overall System Performance scores by region: The following table shows the Overall System Performance scores by region. Southwest, Eastern and Northern regions exceeded the exit criteria by scoring better than 85%. Salt Lake and Western regions are not far behind with their scores of 76% and 79%. The state as a whole has had an Overall System Performance score of 82% or better for three consecutive years.

System Performance	FY01	FY02	FY03	FY04	FY05	FY06
						Current
						Scores
Eastern Region	75%	67%	71%	83%	92%	88%
Northern Region	50%	58%	58%	79%	83%	88%
Salt Lake Region	53%	49%	59%	86%	83%	76%
Southwest Region	71%	79%	88%	92%	100%	92%
Western Region	43%	54%	71%	79%	77%	79%
Overall Score	57%	58%	66%	84%	86%	82%

Results by Case Type

Sixty-seven of the cases reviewed this year (40%) were home-based cases. This is nearly identical to last year (39%). Foster care cases and home-based cases scored very similarly on Child Status, scoring 97% and 90% respectively.

case types on System Performance. Eighty-eight percent of the foster care cases had acceptable System Performance. Home-based cases came in fifteen points lower on System Performance (73%). Foster care cases also had higher average scores than the home-based cases did.

There was a greater difference between the

CHILD STATUS				
Case Type	# in Sample	# Acceptable	% Acceptable	avg. score
PFP/PFR	5	3	60%	4.0
PSC	5	5	100%	5.0
PSS	57	52	91%	4.7
SCF	101	98	97%	4.9
TOTAL	168	158	94%	4.8
All HB	67	60	90%	4.7

SYSTEM PERFORMANCE				
Ethnicity	# in Sample	# Acceptable	% Acceptable	avg. score
PFP/PFR	5	3	60%	3.8
PSC	5	3	60%	4.2
PSS	57	43	75%	4.1
SCF	100	88	88%	4.4
TOTAL	167	137	82%	4.3
All HB	67	49	73%	4.1

Results by Permanency Goal

The following table displays the results by Permanency Goal. Outcomes on Child Status exceeded the exit criteria on all goals except Guardianship with a relative. It is important to note that there were only five cases with this goal, so the score of 80% is due to just

one unacceptable case. Scores on System Performance exceeded the exit criteria on all goals except Guardianship with a relative (due again to the one case), Remain Home and Reunification.

CHILD STATUS				
Region	# in Sample	# Acceptable	% Acceptable	avg. score
Adoption	34	34	100%	5.4
Guardianship (Non-Relative)	9	9	100%	4.8
Guardianship (Relative)	5	4	80%	4.0
Individualized Permanency	43	41	95%	4.7
Remain Home	42	37	88%	4.6
Reunification	35	33	94%	4.6
TOTAL	168	158	94%	4.8

SYSTEM PERFORMANCE				
Goal	# in Sample	# Acceptable	% Acceptable	avg. score
Adoption	34	29	85%	4.5
Guardianship (Non-Relative)	9	9	100%	4.7
Guardianship (Relative)	4	3	75%	3.2
Individualized Permanency	43	39	91%	4.5
Remain Home	42	33	79%	4.2
Reunification	35	24	69%	4.0
TOTAL	167	137	82%	4.3

Results by Age of Target Child

As shown in the table below, the results on Child Status were very similar for children of all ages, and all ages groups scored above 90%. Results were also very similar across all age groups on System Performance, ranging from 78% for the youngest children to 85% for the teenagers. Children age 0-12 scored better than teenagers on Child Status while

teenagers scored slightly better than children on System Performance. Last year the 168 cases reviewed were fairly evenly divided between teenagers and young children (48% versus 52% respectively). This year there were more teenagers in the sample (55% versus 45%).

CHILD STATUS				
Age	# in Sample	# Acceptable	% Acceptable	avg. score
0-5 y.o.	45	44	98%	5.3
6-12 y.o.	47	45	96%	4.7
13+ y.o.	76	69	91%	4.5
TOTAL	168	158	94%	4.8

0-12 y.o.	92	89	97%	5.0
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SYSTEM PERFORMANCE				
Age	# in Sample	# Acceptable	% Acceptable	avg. score
0-5 y.o.	45	35	78%	4.3
6-12 y.o.	47	38	81%	4.2
13+ y.o.	75	64	85%	4.3
TOTAL	167	137	82%	4.3

0-12 y.o.	92	73	79%	5.0
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Results by Caseworker Demographics

Caseload

The average caseload of the workers reviewed was 14 cases, which is the same as last year. Last year there were 11 workers reporting a caseload of 20 or more cases. This rose slightly to 14 workers this year. The small number of workers who have very large caseloads may explain why there is so little difference in System Performance

between workers with manageable (16 or fewer) and high (17 or more) caseloads.

Cases scored identically on Child Status in spite of the caseload of the worker (94%), and they scored nearly identically on System Performance (82% versus 83%). Caseload does not appear to be affecting outcomes in either of the domains.

CHILD STATUS				
Caseload	# in Sample	# Acceptable	% Acceptable	avg. score
0-16	133	125	94%	4.7
17+	35	33	94%	5.0
TOTAL	168	158	94%	4.8

SYSTEM PERFORMANCE				
Caseload	# in Sample	# Acceptable	% Acceptable	avg. score
0-16	132	108	82%	4.3
17+	35	29	83%	4.3
TOTAL	167	137	82%	4.3

Employment Length

Last year 21% of the workers in the sample were new workers (12 months experience or less). This year the percentage of new workers in the sample rose to 26%. Cases of new and experienced workers scored nearly identically on Child Status (93% and 94% respectively). As with last year's sample, the

cases of experienced workers scored better than cases of new workers on System Performance. New workers had acceptable System Performance scores on 70% of their cases compared to 86% of the cases of experienced workers.

CHILD STATUS				
CW employ	# in Sample	# Acceptable	% Acceptable	avg. score
0-12 months	44	41	93%	4.8
13+ months	124	117	94%	4.8
TOTAL	168	158	94%	4.8

SYSTEM PERFORMANCE				
CW employ	# in Sample	# Acceptable	% Acceptable	avg. score
0-12 months	44	31	70%	4.2
13+ months	123	106	86%	4.3
TOTAL	167	137	82%	4.3

Results by Months Open

In response to a concern raised by the regions that cases that had not been open very long would be at a disadvantage in a QCR review, OSR evaluated outcomes based on the length of time the case had been open. The results showed that cases that had been open six months or less actually scored better on both

Child Status (96% versus 91%) and System Performance (83% versus 74%) than those that had been open seven to twelve months. Cases that had been open more than a year had the best System Performance scores of all (87%).

CHILD STATUS				
Months Case Open	# in Sample	# Acceptable	% Acceptable	avg. score
0-6 months	23	22	96%	4.7
7-12 months	57	52	91%	4.8
13+ months	88	84	95%	4.8
TOTAL	168	158	94%	4.8

SYSTEM PERFORMANCE				
Months Case Open	# in Sample	# Acceptable	% Acceptable	avg. score
0-6 months	23	19	83%	4.4
7-12 months	57	42	74%	4.2
13+ months	87	76	87%	4.3
TOTAL	167	137	82%	4.3

Delinquency Cases

This year OSR began looking at how delinquency cases are affecting outcomes. Of the 168 cases reviewed, 33 were delinquency cases (20%). The scores for these cases were somewhat lower than the scores of non-delinquency cases on both Child Status and

System Performance. The Child Status scores for delinquency and non-delinquency cases were 85% and 96% respectively. The System Performance scores were 76% and 84% respectively. The average scores were also higher on both Child Status and System Performance for the non-delinquency cases.

CHILD STATUS				
Delinquency	# in Sample	# Acceptable	% Acceptable	avg. score
Delinquency	33	28	85%	4.4
Non-Delinquency	135	130	96%	4.9
TOTAL	168	158	94%	4.8

SYSTEM PERFORMANCE				
Delinquency	# in Sample	# Acceptable	% Acceptable	avg. score
Delinquency	33	25	76%	4.0
Non-Delinquency	134	112	84%	4.4
TOTAL	167	137	82%	4.3

E. Core Indicators

A historical look at the regions' progress on the core indicators adds perspective to this year's results. Regions have been mastering the core indicators one by one, with steady progress toward mastering all six core indicators.

Plan Implementation was the first indicator that showed consistent results over the years and across all regions. Every region has exceeded the exit criteria on this indicator for the past four years in a row. Every region is consistently achieving scores on this indicator that far exceed the exit criteria.

The next indicator to be mastered was Tracking and Adaptation. After the first few years of hit and miss outcomes with half of the regions passing and the others not, every region exceeded the exit criteria on this indicator in FY2004. For the past three years every region has exceeded the exit criteria and for the past two years every region has scored comfortably above the 70% mark.

Team Coordination came along at nearly the same rate as Tracking and Adaptation. By FY 2004 four of the five regions had achieved the exit criteria. For the past two years every region has exceeded the criteria, with nearly the same cushion of comfort as they enjoy on Tracking and Adaptation.

Child and Family Planning Process has come along a little slower, but still at a good pace. In FY 2004 only three of the regions exceeded the exit criteria. In FY 2005 Northern region burst the barrier, putting four of the five regions above the criteria. In 2006 Salt Lake region fell back a little, so this year three of the five regions exceeded the exit criteria.

Regions are just beginning to break through

on Long-term View. For the first few years none of the regions exceeded the exit criteria. In FY 2004 two of the regions broke through, and two of the five regions have achieved the exit criteria for the past three years. Southwest region exceeded the exit criteria for the past three years and they have been joined by either Salt Lake region or Northern region.

It appears Child and Family Assessment has been the most difficult core indicator for the regions to master. For the first few years none of the regions met the criteria. In FY 2004 two regions hit the mark (Southwest and Salt Lake), but for the past two years only Southwest has met the criteria. Other regions' scores have been up and down on this indicator, coming within a few points one year and then falling back the next. Rather than a steady upward trend, there have been lots of alternating advances and declines with no apparent logical pattern to the results, unlike the steady increases in scores on other indicators and the steady pattern of regions coming on board and exceeding the criteria.

A historical look at the scores gives reason for great confidence in the areas of Plan Implementation, Tracking and Adaptation, Team Coordination, and Child and Family Planning Process. Although there have been some ups and downs, even Long-term View has shown pretty consistent progress. Child and Family Assessment is clearly the indicator that merits further analysis of why regions struggle with this indicator and why there have been such ups and downs rather than a steady, upward trend.

In spite of this one flat note, the regions continue to demonstrate their command of the Practice Model skills. This includes

conducting well-prepared and effective child and family team meetings, involving family members in the planning and decision-making process, and preparing case plans that were individualized to the family's needs. The regions' command of Practice Model skills translated into overall Child Status scores that exceeded the exit criteria in all five regions and overall System

Performance scores that exceeded the exit criteria in three regions and fell just a little short in the other two. Statewide scores on the core indicators exceeded the exit criteria on four of the six core indicators. With a little more work on Child and Family Assessment and Long-term View every region will soon be meeting the exit criteria in all areas.

Child and Family Team / Coordination:

For the second consecutive year every region exceeded the 70% exit criteria. Western region improved their score by a couple of points while the other regions dropped a few

points. The net effect was a decline of a few points in the statewide score (from 81% to 77%).

Teaming	FY01	FY02	FY03	FY04	FY05	FY06
						Current
						Scores
Eastern Region	50%	67%	75%	75%	79%	75%
Northern Region	29%	42%	42%	67%	75%	71%
Salt Lake Region	29%	35%	54%	78%	80%	75%
Southwest Region	71%	67%	92%	96%	100%	92%
Western Region	30%	38%	54%	83%	73%	75%
Overall Score	39%	45%	61%	79%	81%	77%

Child and Family Assessment:

As previously mentioned, Child and Family Assessment is an indicator that has its ups and downs. Four of the regions experienced a double-digit drop in this indicator this year, but the remaining region experienced a double-digit gain. This is the opposite of the outcome last year when four of the regions

improved their scores and one region regressed. The net effect was only a 1% change in the statewide score (from 63% to 62%). Southwest was the only region to exceed the exit criteria on this indicator.

C & F Assessment	FY01	FY02	FY03	FY04	FY05	FY06
						Current
						Scores
Eastern Region	67%	54%	58%	38%	63%	50%
Northern Region	42%	54%	42%	54%	67%	54%
Salt Lake Region	37%	33%	54%	71%	52%	69%
Southwest Region	54%	42%	63%	83%	88%	71%
Western Region	30%	46%	42%	63%	68%	54%
Overall Score	44%	42%	52%	64%	63%	62%

Long-Term View

Eastern, Southwest and Western regions lost some ground on this indicator this year, but Northern region and Salt Lake regions had modest increases. Northern and Southwest regions exceeded the exit

criteria. The overall score for the state on this indicator slipped a couple of points from 65% to 63% and is still somewhat below the exit criteria of 70%.

Long-Term View	FY01	FY02	FY03	FY04	FY05	FY06
						Current
						Scores
Eastern Region	50%	25%	50%	50%	63%	54%
Northern Region	29%	42%	25%	58%	71%	75%
Salt Lake Region	37%	32%	41%	70%	54%	56%
Southwest Region	38%	38%	54%	88%	92%	83%
Western Region	26%	26%	50%	50%	68%	54%
Overall Score	36%	32%	43%	65%	65%	63%

Child and Family Planning

Two regions achieved increases on Child and Family Planning Process while the other regions dropped a few points. Northern improved their score slightly (from 79% to 83%) while Eastern region improved their score significantly (from 71% to 83%). Salt Lake region declined a few percentage

points (from 72% to 68%), just missing the exit criteria. Western region also fell just short of the 70% exit criteria (67%). Southwest had a slight decline in their score, yet still achieved an excellent score (92%).

Child & Family Planning	FY01	FY02	FY03	FY04	FY05	FY06
						Current
						Scores
Eastern Region	63%	67%	58%	71%	71%	83%
Northern Region	46%	46%	46%	63%	79%	83%
Salt Lake Region	31%	49%	60%	75%	72%	68%
Southwest Region	58%	54%	79%	83%	96%	92%
Western Region	35%	54%	67%	63%	68%	67%
Overall Score	42%	52%	62%	72%	76%	75%

Plan Implementation

Two of the five regions improved their scores on this indicator, one remained the same, and the remaining two regions declined but still remained above the exit

criteria (Salt Lake-79% and Southwest-88%). For the fourth year in a row every region exceeded the exit criteria on this indicator.

Plan Implementation	FY01	FY02	FY03	FY04	FY05	FY06
						Current
						Scores
Eastern Region	71%	75%	79%	79%	92%	92%
Northern Region	67%	67%	71%	71%	83%	88%
Salt Lake Region	68%	57%	71%	87%	86%	79%
Southwest Region	75%	83%	92%	96%	100%	88%
Western Region	61%	71%	83%	79%	91%	92%
Overall Score	68%	67%	77%	84%	89%	86%

Tracking and Adaptation

All regions exceeded the exit criteria for this indicator for the third consecutive year. In every region results were very similar to last year's excellent results. Western region improved, Eastern region remained the

same, and Northern and Salt Lake declined by just a point each. Even with an eight point drop in their score, Southwest scored higher than any other region (92%) and remained far above the exit criteria.

Tracking and Adaptation	FY01	FY02	FY03	FY04	FY05	FY06
						Current
						Scores
Eastern Region	75%	79%	83%	71%	88%	88%
Northern Region	54%	58%	67%	71%	88%	83%
Salt Lake Region	54%	57%	57%	83%	78%	75%
Southwest Region	75%	79%	96%	96%	100%	92%
Western Region	43%	50%	63%	83%	77%	79%
Overall Score	59%	63%	69%	81%	84%	81%

F. Summary of Progress by Region

Southwest region successfully exceeded the QCR exit criteria for the third consecutive year. They saw some slippage in all of the core indicators, but their scores were so high last year that even with a little slippage their scores are far above the exit criteria. Their overall Child Status was 96% and their overall System Performance was 92%. Three of their core indicators were in the nineties (Team Coordination 92%, Planning Process 92%, and Tracking and Adaptation 92%) and another two core indicators were in the eighties (Long-term View 83% and Plan Implementation 88%). Child and Family Assessment slipped to 71% but still exceeded the exit criteria.

After narrowly missing the exit criteria last year, Northern region came very close to passing again this year. They matched last year's mark on overall Child Status (96%) and exceeded it on overall System Performance (rising from 83% to 88%). They again had five of the six core indicators that exceeded the exit criteria, and again it was Child and Family Assessment that fell short (54%).

Eastern region likewise came close to passing. They achieved 100% on overall Child Status and 88% on overall System Performance. For the third year in a row they exceeded the exit criteria on four of the six core indicators. Only Child and Family Assessment (50%) and Long-term View (54%) have yet to achieve the exit criteria.

Salt Lake improved their overall Child Status score from 88% to 92%, which was a new high mark for them. Their overall System Performance fell off somewhat (from 83% to 76%). The region improved their scores in the two core indicators that were barriers to their exiting last year (Child and Family

Assessment and Long-term View), but Planning Process, which had exceeded the exit criteria for the past two years, slipped just below the criteria this year (68%).

Western region achieved an excellent score or 92% on overall Child Status. Their overall System Performance was 79%, which is very consistent with their scores for the past two years (77% and 79%). This is the third year in a row that they have met the criteria on three of the core indicators (Team Coordination, Plan Implementation, and Tracking and Adaptation), but they again fell somewhat short on the other three core indicators (Child and Family Assessment-54%, Long-term View-54%, and Planning Process-67%).

Regions continue to use the QCR tool creatively to implement their own internal review processes, giving administrators, supervisors, and caseworkers an opportunity to study and practice using the QCR protocol.

G. Stakeholder Interviews

As part of the review process CWG and OSR conducted interviews with stakeholders from each region. They included representatives from the legal system, Division of Services for People with Disabilities, Department of Workforce Services, mental health, residential providers, foster parents, biological parents, and contract service providers.

Stakeholders continue to see improvement in the delivery of DCFS services to children and families. They appreciate the implementation of the Practice Model principles and applaud the Division's efforts to involve community partners in case planning. Notes from these meetings with stakeholders were provided to the respective regional directors and the Child Welfare Policy and Practice Group.

III. Case Process Review

A. Description of the Case Process Review

As noted above, the Case Process Review is an important part of DCFS' strategy to improve system performance. In accordance with Utah statute, the Office of Services Review (OSR), in conjunction with the Federal court appointed monitor, the Child Welfare Group (CWG), conducted its Case Process Review of DCFS and the services provided to children and families. The program areas evaluated in the Case Process Review are:

- Child Protective Services (CPS), which includes cohorts of priority one referrals, medical neglect allegations, shelter cases, unable to locate¹ and unaccepted referrals².
- Home-Based Services, which includes family preservation (PFP), voluntary protective services (PSC), and court-ordered protective supervision (PSS).
- Foster Care Services (SFC).

OSR determines the Case Process Review questions, guidelines, sampling methodology, and quality controls to ensure data accuracy with approval from CWG. The questions contained in the case file review survey tools measure how well caseworkers follow DCFS rules, practice guidelines and procedures, and Practice Model requirements. Scores are determined by

¹ Unable to locate: CPS referrals that were closed because the investigator was unable to locate the child.

² Unaccepted referrals: CPS referrals that do not meet the necessary criteria to warrant an investigation.

reviewing the case file and/or the DCFS computer data system to find documentation of casework actions and practice guideline requirements. If the documentation does not provide clear evidence that a particular action was completed within the timeframe required, credit is not given. A statistically significant number of cases are selected and reviewed from each program area. However, due to a considerable number of N/As on some questions, the sample is not large enough to lead to any meaningful results on these questions. Findings of the Case Process Review reflect statewide performance rates. The performance goals for the Case Process Review are 85% or 90% compliance rate, depending on the area evaluated.

Changes to the CPR Review Process

OSR is continuously trying to improve the review process to provide the Division with the most accurate data possible. Last year OSR conducted the Case Process Review on a regional basis, following the Qualitative Case Review model. This approach allowed each region more timely results, which were relevant to the region's own cases. The approach of presenting regional results was used again this year. However, because a compressed review needed to be conducted to obtain data in time for a federal court hearing, all cases were pulled and reviewed at the same time.

An agreement between DCFS, the plaintiffs, and the court monitor allowed a significant change this year in the way partial credit is

scored. Prior to this, a "Partial" answer received zero credit in the same manner as a "No" answer. For example, if a plan was created, but outside the time frame allotted by policy, a "Partial" would be the answer, but no credit would be given, whether the plan was one day or three months late. The plaintiffs and defendants have agreed to give certain "Partials" some credit. Plans, for example, that were not finalized within 45 days of the child's removal, as required by policy, but were done within an additional 22 days, received a partial credit of 0.75. The number of answers receiving the "Partial" with credit response is not to exceed 25% of all answers given on the question.

Not all questions were given the option of partial credit. Questions like CPS.B2 – interviewing the child's natural parent(s) – continued to receive a "Partial-no-credit" answer if only one of both parents was interviewed.

The option of partial credit is applicable to the following questions:

- CPS.A2 (initiating services within 30 days of the CPS referral.) No cases met the definition for partial credit this year.
- CPS.A3 (completing the CPS investigation within 30 days or the extension).
- HB.1 and HB.2 (current plan is in the file and the initial plan was created within 45 days).
- FC.IVA1 and IVA2 (current plan is in the file and the initial plan was created within 45 days).
- FC.II2, II4, and II6 in the SCF health section (initiating further evaluation and treatments).

These partial credit options are based on timeliness, allowing some credit to be given for actions completed close to the required time frame. In addition, credit was also attributed to the partial completion of question HB.6 and FC.IVA5 (initiating services listed in the plan). Previously, if a

reviewer could find evidence that some, but not all services identified in the family plan had been initiated, a "Partial" answer was given, which was the same as a "No" answer. Whether a worker initiated nine out of ten services or none, it was treated the same. Now, credit can be given for the proportion of services initiated.

B. Methodology

For the 2006 review, sample sizes were based on historical knowledge of the population in each program areas. The survey results have a confidence level of 90%. However, a weak point of this review is that some of the questions ended up with a small number of applicable cases, causing the accuracy of these results to drop. The question regarding step-parents, for example, did not have enough applicable cases to reach a statistically significant result.

The following is a breakdown of sample sizes for all program areas reviewed. The entire case universe was reviewed for CPS cohort areas of priority one and medical neglect cases.

OSR 2006 Report Sample Sizes	
Program Area	Case Files Reviewed
CPS — General	138
CPS — Cohorts (Priority One, Medical Neglect, Shelter Care)	141
CPS — Unable to Locate	69
CPS — Unaccepted	140
Home-Based — PSS/PSC/PFP	134
Foster Care	139
Total	761

The number of cases evaluated for this year's case review was similar to last year and is a percentage of the total number of cases open for services during the review period (for CPS it is a percentage of cases closed during the review period).

The review period for foster care cases was six months, covering May through October 2005, while for CPS and in-home cases it was three months, covering July through September 2005.

The cases were randomly selected and reviewed by OSR review analysts. A CWG reviewer then repeated the review on approximately 5% of the cases to ensure accuracy. A high degree of agreement (96%) existed between OSR and the CWG reviewer. When an occasional disagreement occurred, a discussion took place between OSR and CWG, and in most instances, a resolution was made. Questions receiving an "Extenuating Circumstance" (valid reasons for an action not completed) were reviewed by CWG to determine whether the answer would receive a score of "N/A" or "No" (see discussion on EC later on).

C. Significance of CPR Results

The Case Process Review report is a useful management tool for legislators, managers, supervisors and caseworkers. From these annual reports, performance ratings and trend data can be obtained to aid in identifying performance goals.

In addition, the Case Process Review determines performance with key statutes and practice guidelines that policy makers and professionals agree are important in meeting the goals of child protection, permanency, and stability.

D. FY 2006 CPR Results

This year's overall results show significant progress over last year's performance, continuing a positive trend. The improvements, as shown in the following graph, are across all case types.

The overall result is 89%, compared to 80% last year, 74% the year before and 71% in 2003. This means that evidence of a completed required action was found 89% of the time. This is a laudable improvement overall.

A total of 10,436 answers were provided in this review, of which 6,479 were applicable (the others were N/A). "Yes" answers comprised 87% and of the remaining 13%, only 6.4% were actual "NOs". The remaining answers consisted of 5.6% "Partials" and less than one percent "EC" (Extenuating Circumstances). In other words, in only one out of 14 instances did the reviewers find no evidence at all that the required action was completed. In the remaining cases, either full or partial evidence was found. The "Partial Credit" that was added this year (see previous chapter) represents less than 2% of the overall score.

As shown on the following graph, progress is noted across all case types. Also worth noting is that, for the first time, the overall results in each case type meet the goal of 85% (and 90% in CPS). Unfortunately, in order to exit federal court oversight each individual question is required to meet the goal, which did not happen, as shown further into the table.

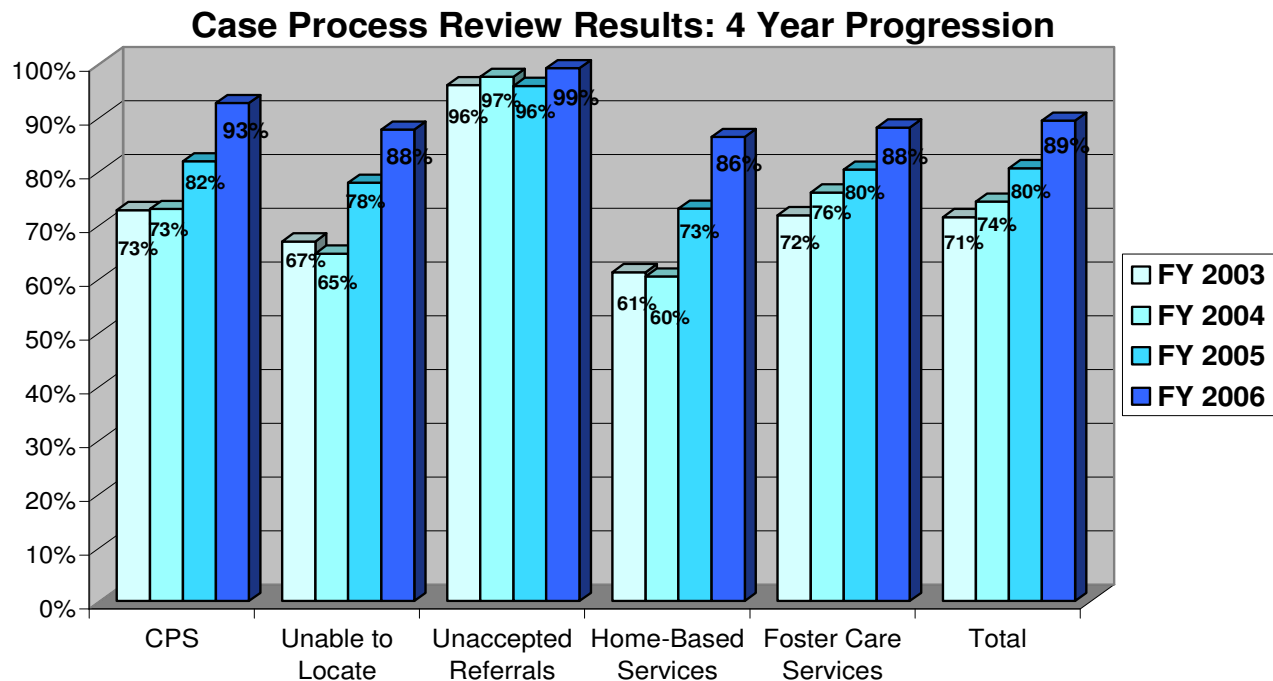
Home-based cases went from 60% two years ago to 73% last year, and finally 86% this year, which is a commendable advance.

Unable to locate cases also improved, from 65% two years ago to 88% this year.

CPS cases also made impressive progress and advanced from 73% two years ago to 93% this year. Foster care cases show

continuous improvement, going from 72% in 2003 to 88% this year. Unaccepted Referrals remain high with 99% "Yes" answers. The following charts summarize the CPR scores:

Statewide CPR FY2006 Results							
		CPS	Unable to Locate	Unaccepted Referrals	Home-Based Services	Foster Care Services	Total
FY 2006	Sample	1163	218	420	813	3865	6479
	Yes answers	1067	191	416	657	3330	5661
	Partial Score	9.75			44.33	71.34	125.42
	Performance Rate	93%	88%	99%	86%	88%	89%
FY 2005	Sample	1358	207	423	876	4241	7105
	Yes answers	1110	161	405	639	3402	5717
	Performance Rate	82%	78%	96%	73%	80%	80%
FY 2004	Sample	1257	223	393	829	3692	6394
	Yes answers	916	144	383	500	2804	4747
	Performance Rate	73%	65%	97%	60%	76%	74%
FY 2003	Sample	1358	187	393	1212	4632	7782
	Yes answers	987	125	377	741	3322	5552
	Performance Rate	73%	67%	96%	61%	72%	71%



E. CPR Results by Case Type and Question

- CPS: All questions met the goal or were within 10% of meeting the goal (nine met the goal, five were within 10% of the goal).
- Unable to Locate: Three questions met the goal, two were within 10%.
- Unaccepted referrals: All questions met the goal.
- Home-based cases: Three questions met the goal, two were within 10%, and two missed the goal by more than 10%. (The results on these two questions are not statistically reliable due to the small sample size on these questions.)
- Foster care cases: 11 questions met the goal, six were within 10%, and another six questions were greater than 10% from the goal. (However, five do not have a statistically reliable result).

Overall, of the 52 questions asked by the reviewers, 29 reached the goal, compared to 14 last year! Another 15 were within 10% of the goal. Only eight scores were more than 10% below the goal, but five of them have statistically unreliable results due to the small sample on these questions and/or too large of a precision range (=confidence interval)³. Only three statistically reliable results were in the red zone (more than 10% below the goal): mental health exams, dental exams, and the involvement of parents in the foster care plan.

As a total, all scores increased this year compared to last year, or remained at or above the goal, with the exception of three questions. Of the three scores that

³ Statistical reliability of results discussed with Derrik Tollefson, phd, lcsww, University of Utah

decreased this year, only one has a statistically reliable result, as the other two, CPS.C1 and Unable to Locate 2, had a low precision range due to the small sample size (many N/As). The only reliable score that decreased this year is the initial/annual dental exam (FC.II5), from 80% to 71% (see chapter about foster care results).

F. Analysis of CPR Results by Case Type and Question

Child Protection Services (CPS) Results

The overall score in General CPS reached 93%, compared to 82% last year, which is a great improvement. In Unable to Locate cases, the overall score was 88% and in Unaccepted Referrals the overall score was 99%. As mentioned earlier, all questions met the goal or were within 10% of meeting the goal.

Scores meeting or exceeding the goal:

Caseworkers were able to meet or exceed the target goal of 90%/85% on the following questions:

- Offer/initiate services to the family if the case was supported and the child remained at home within 30 days of the referral: 94%. (**CPS.A2**)
- Close the CPS investigation within 30 days or the extension: 94%. (**CPS.A3**)
- Conduct an interview with the child outside the presence of the alleged perpetrator: 94%. (**CPS.B1**)
- Interview third parties: 97%. (**CPS.B3**)
- Conduct an unscheduled home visit: 99%. (**CPS.B4**)

- Base the findings of the reports on facts obtained during the investigation: 99%. (CPS.D1)
- Visit the child in shelter by midnight of the second day. (CPS.E2) This question was changed by agreement of the plaintiffs and defendants in January 2006. The criteria changed from 48 hours to midnight of the second day, which raised the original score of 78% to 87%.
- Gather information about the child and provide it to the shelter within 24 hours: 86% (CPS.E4)
- Locate possible kinship placements when children have to be removed from the home: 98% (CPS.E5);
- As in the past, all three questions on unaccepted referrals exceeded the goal. Documentation was found about the nature of the referral (99%), staffing the referral with the supervisor (100%), and documenting the reasons not to accept the referral (98%). (**Unaccepted 1,2, and 3**)
- Among unable to locate cases, three out of five questions met the goal of 85%. Workers checked with law enforcement (87%); public assistance (98%); and the referent (85%), when applicable, for information on the family's whereabouts. (**Unable to Locate 3, 4, and 5**)

Analysis of results below the goal:

Of the five questions in CPS and two in Unable to Locate that did not meet the goal (all were within 10%), only two have a statistically reliable score. The priority one question (CPS.C1) had an applicable sample of seven cases only, despite OSR reading all of the priority one cases. The medical neglect question (CPS.C2) had a total sample of 16 that were applicable, with OSR reading all medical neglect cases during the review period. On question CPS.E3 – the weekly

shelter visit – the sample was 15 and again every single applicable case was read. DCFS transfers cases quickly from shelter to foster care, which is why such a small number of applicable cases were found. The two questions in Unable to Locate (Unable to Locate 1 and 2: visits to the home at times other than normal working hours and checking with local schools/school district) had scores slightly below the goal, but due to the small size of applicable cases their precision range was too large rendering the results meaningless. (+/-13% and +/-12% respectively).

Only question **CPS.A1** and **B2** were below the goal and by a couple of percentage points only. If the EC answers (extenuating circumstances) were considered, these questions would also meet the goal.

- Seeing the child within the priority time frame – CPS.A1, one of the most important questions in CPS – made a laudable improvement from 69% in 2003, to 87% this year. In addition, of the 12 EC answers (extenuating circumstances) given on this question, nine were deemed to show evidence of “reasonable efforts” by the court monitor. These cases could be considered in future discussions between the plaintiffs and the defendants in regards to whether or not to count them towards the final score. At this point, all “ECs” are treated as “No” answers, regardless of efforts, the case is considered out of compliance. If the plaintiffs agree to accept the “reasonable efforts” clause, then the score on CPS.A1 would rise to 93% and thus meet the goal. (These “EC” answers would be treated as “N/A”, not as “Yes”, bringing the score up from 87% to 93%).
- Interviewing the child's natural parent(s) (CPS.B2) improved considerably over the last few years, going from 57% in 2003 to 88% this year and is only two percentage

points away from the goal. The few cases on this question that were out of compliance (16 out of 136) consist mainly of "Partials", where one parent was interviewed, but there was no mention of the second parent. Often workers forget to document that the second parent's whereabouts are unknown or to give the reasons why they couldn't interview the second parent. Or they simply forget to document that they did interview the parent(s). These Partial answers did not receive any credit. Only one case received a "No" answer (just didn't do it or forgot to document it.) The court monitor determined that all three of the "EC" answers on this question showed evidence of "reasonable efforts". If these three answers were accepted by the plaintiffs, the score would rise to the level of expectations (90%).

Home-Based Results

As mentioned earlier, home-based cases show the biggest improvement and went from 60% two years ago to 86% this year. The only question that remains a concern is HB.4 (involving family members in the planning), in particular involving children and stepparents. However, the sample and the precision range on these questions are so low that the scores are not reliable.

- One of the greatest improvements this year was on question **HB.1** "Is there a current case plan in the file?" which rose from 54% last year to 89% this year. The partial credit that was added this year explains only part of the increase. Of the 134 plans reviewed, 110 were done on time, another 13 were done within 22 days from the due date (within 15 days for PFP plans) – these plans received partial credit – and only 11 were more than 22/15 days late. Ongoing plans are now given 30 days

to complete and the functional assessment is not a condition for a complete plan anymore, which are two changes to the guidelines that were decided last year. This progress however, may also be attributed to the Division's increased efforts to get plans done on time.

- Getting initial plans done on time (**HB.2**) also shows commendable progress, going from 51% to 82%, which again, is only due in part to the partial credit given to plans that are a few days late.
- Initiating services as identified in the plan (question **HB.5**) jumped from 75% to 90%. This is in part the result of the partial credit allowed this year. In the past, when a reviewer found evidence that nine out of ten services in a plan were initiated, a partial answer was given, but without any credit (it was treated as a No). Credit is now given for the proportion of services initiated.
- The monthly home visit question (**HB.7**) achieved a score of 88% compliance, which meets the goal, as it did in the past. This means that of the 375 applicable months reviewed, 88% had documented visits made to the family home. Among the cases out of compliance there were 14 "EC" answers (extenuating circumstances); the worker either tried and didn't succeed or wasn't able to complete the visit because of other reasons.

Analysis of results below the goal:

Although question **HB.4** "*Were the following team members involved in the development of the plan: parents/guardians, stepparents (if applicable), and target children age 12 and older*" scored better than last year, improvements are still needed. Parents were involved 80% of the time, which is close to the goal, but stepparents and target children

were involved only 67% and 65% respectively. The samples in these sub-questions, however, were very low: In the 134 home-based cases reviewed; there were only 6 stepparents and 37 cases with children old enough to qualify. This means that the score for stepparents was based on six cases only, resulting in an absolutely meaningless result; for children the score was based on 37 cases with a precision range of +/-13% which also indicates an unreliable score. It may be worth exploring the combined result for all three sub-questions (combining the numbers provides a statistically more reliable score). It comes to 75%, which is an improvement from last year, but still 10% below the goal. According to workers, the reasons for not accomplishing the task range from parents' unwillingness to cooperate with the Division (particularly at the beginning of a case) to insufficient or lack of documentation.

Hopefully, additional policy buttons in SAFE will help workers better document involving family members in the planning process. The Qualitative Case Review (QCR) scores indicate that the Division does an acceptable job of involving the family.

Foster Care Results

The overall result in foster care of 88% is very encouraging. This year many more questions scored in the green zone (see table) than in the past but some questions still have room for improvement.

As with home-based cases, some of the sharpest increases were with the planning questions.

- The is-there-a-current-plan question (**FC.IVA1**) moved from 46% last year to 86% this year, thus meeting the goal. Once again, the partial credit and the

changes to the guidelines (dropping the functional assessment requirement and the 30 days to complete the plan) probably caused some, but not all of the increase. Of the 139 plans reviewed, 107 were completed on time, another 16 were done within an additional 22 days for initial and 15 days for follow-up plans, thus receiving partial credit, and only 16 plans were developed later or were not done by the end of the review period.

- Initial plans were reviewed separately (**FC.IVA2**) and achieved a score of 76%, up from 63% last year, but still 9 points below the goal. Two factors, however, diminish the value of this result. First, a cap was set of no more than 25% of "Partial credit" answers, which was surpassed. Of the 27 plans that were applicable, 13 were done on time, 10 were done within the grace period (receiving partial credit) and four were done later than the grace period. In addition, the precision range is +/- 14% due to the small sample (only 27 out of 139 plans were initial plans) and renders this result meaningless. In order to avoid this problem next year, OSR will pull a larger sample for this particular question.
- As with home-based cases the "initiate services" question (**FC.IVA5**) scored remarkably better than last year and met the goal (from 55% to 86%). Again, it is probably due in large part to the partial credit allowed this year for the proportion of services initiated.
- A group of questions that continues to score well is the visitation questions (**FC.IB1 to FC.IB4**): Contacting the out-of-home caregiver (**FC.IB1**) and visiting the child on a monthly basis (**FC.IB2 and FC.IB3**) scored like last year in the 90+% range. This year, the private conversation question (**FC.IB4**) rose from 70% to 92%. This is probably in part due to a

guideline change that now defines the private conversation as a conversation *outside the presence of the foster parent*, while before it was *outside anybody's presence*. This change brought the definition back to the original intent of the question.

- Another group of questions involving placement changes and new placements (FC.IA2 to FC.IA5) produced good results with all but one question meeting the goal. Efforts to locate kinship placements (**FC.A2**) rose from 81% to 95%. Giving out-of-home caregivers information about the child before the placement (**FC.A5**) went from 69% to 75%; this is still 10% below the goal, but with a marginal precision range of +/- 10%, it is not, statistically speaking, a very reliable result.
- Another commendable result is noted on the requirement to refer children with a possible educational disability for an assessment (FC.III2), which went from 79% last year to 89% this year and thus meets the goal. Here again, the result is unfortunately only reliable in a margin of +/- 12%. The sample contained only 18 cases that applied to this question.

Analysis of Low Scores:

Health Questions (FCII1 to 6):

After an in-depth look at the 2006 results, one area remains a concern: the health questions. Overall, the scores on these questions improved since last year; several scores, however, remain well below the goal and one score even regressed. Here is an attempt to better understand the story behind the scores:

Medical, mental health, and dental exams (FC.II 1, FCII3, and FCII5):

The Division is required to provide children in custody with a medical exam, a mental health assessment, and a dental exam within 30 days of removal. Thereafter, an annual exam is required within 12 months of the previous one. While the medical exams were done on time in 85% of the cases, which meets the goal, the mental health exams were completed in a timely manner only 67% of the time and the dental exams only 71% of the time. We know that lack of documentation is not the reason for non-compliance. These appointments were held late. However, when we examine how late, we see that the majority are no more than 30 days late. The following graph shows that with an additional 30 days, the questions would all meet the goal.

Initial/Annual Health Assessment:

Type & Tool #	Question	Sample	Yes	Partial No Credit	No	NA	GOAL	Performance Rate (%) FY 2006
FC.III	Was an initial or annual comprehensive health assessment conducted on time?	127	108	17	2	12	85%	85%
	Was an initial or annual comprehensive health assessment conducted on time?							
	(+ 30 DAYS)	125	123	2	0	14		98%

- This score met the goal of 85%. However, with an additional 30 days the score would jump to 98%, which means that all but two health assessments were done on time or within 30 days.
- The health assessments that were conducted late were on average 14 days late.

Initial/Annual Mental Health Assessment:

Type & Tool #	Question	Sample	Yes	Partial No Credit	No	NA	GOAL	Performance Rate (%) FY 2006
FC.II3	Was an initial or annual mental health assessment conducted on time?	121	81	35	5	18	85%	67%
	Was an initial or annual mental health assessment conducted on time? (+ 30 DAYS)	121	106	11	4	18		88%

- With an additional 30 days, the score would jump from 67% to 88%.
- The MH assessments that were conducted late were on average 23 days late.
- Of the 40 assessments done late or not at all there were 25 (63%) that were less than a month late.
- Of the 40 assessments done late or not at all, only 12 (30%) were ANNUAL, the remaining 70% were INITIAL MH assessments. It appears that getting the INITIAL MH assessment done on time (within 30 days of removal) is the bigger problem.
- More than half of these non-compliant MH assessments were done within 51 days, which means that these assessments could have received full credit, if there was evidence that the appointment was called in within the first two weeks of removal (according to an agreement between the plaintiffs and the defendant in 2005). But calling in an appointment doesn't seem to make it into the documentation. (Appointments are often made by foster parents, shelters, residential facilities, etc.)
- Only a handful of cases reviewed provided an explanation for lateness: In a couple of cases, the worker reported that the MH center schedule was full which is why the appointment for the assessment was late. In another case, the child was in a secure residential facility that does not allow these assessments to be conducted (this has been reported to be a problem statewide). Child changing placements or going AWOL apparently impacted the MH appointment in a couple of cases.

Initial/Annual Dental Assessment:

Type & Tool #	Question	Sample	Yes	Partial No Credit	No	NA	GOAL	Performance Rate (%) FY 2006
FC.II5	Was an initial or annual dental assessment conducted on time?	112	80	25	7	27	85%	71%
	Was an initial or annual dental assessment conducted on time? (+ 30 DAYS)	110	96	11	3	29		87%

- With an additional 30 days, the score would jump from 71% to 87%.
- The dental exams that were conducted late were on average 28 days late.
- Of the 32 dental exams that were late or not done at all, half (16) were less than a month late, 11 were more than a month late, and three had not been completed by the end of the review period or before the case closed (and two cases would change to N/A because the case closed with the

additional 30 days).

- Of the 32 dental exams that were late or not done at all, about half were INITIAL and half ANNUAL exams. So, late plans are found among both INITIAL and ANNUAL exams.
- Explanations for non-compliance were not provided, except in a couple of cases. Foster parents' reluctance to schedule appointment was the reason in two cases. In two cases, the child turned three and needed a first dental exam within 30 days of his/her birthday, which happened later than 30 days. In the past, reasons given for lateness included: foster parent/ placement agency was prompted to schedule appointment, but apparently didn't comply; inability to find a dentist who takes Medicaid and those that do are booked out for months; child in detention or lock-down facility, which will not take child off campus because of the run risk.
- In the past, the Division has tried to overcome the barrier of lack of dentists willing to take Medicaid patients – especially in rural areas –, but apparently without much success. According to DCFS everything within control of DCFS has been tried to address this issue.

Initiating further treatments or evaluations as indicated in the health, mental health, and dental exam (FC.II2, FC.II4, and FC.II6):

While the scores on these three questions improved since last year, they are still below the goal, particularly on question FC.II2 – initiating the treatments and evaluations indicated in the comprehensive health assessment, which is at 67% this year. However, the precision range of +/-11% indicates that the actual score could be well above or below that.

It appears that lack of documentation is the main reason: Either a follow-up treatment was scheduled (=initiated), possibly on time, but the action of scheduling an appointment is not documented anywhere (usually this is done by foster parents and they don't keep logs); the appointment then takes place more than 30 days later, which makes it late (even though the scheduling may have happened on time), or there is no evidence that a treatment is initiated and completed at all (such as prescribed medications).

Another reason for non-compliance was no evidence was found that prescribed medications were filled. When lack of

documentation was not the cause, then lateness seems to be the problem, but it's unclear why.

The types of treatments/referrals not done or not documented as done on time were: prescribed medications in 10 cases (from multivitamins to antibiotics, including acne medication, Hydrocortisone, and Vaseline); referrals/follow-ups in 10 cases (including vision exams, weight management, ENT specialist, drug assessment, and a sleep study).

The process of initiating treatments/further evaluations usually involves a third party multiplying the difficulty for caseworkers to maintain proper documentation:

- a) Usually it is the foster parent/residential facility staff who schedule the appointment, and this is seldom documented;
- b) Prescriptions are written by the doctor and taken to the pharmacy by the foster parent, leaving no paper trail to document that it was done;
- c) Follow-up appointments may be scheduled at the doctor's office at the time

of the check-up, again leaving no document trail; and

d) Prescriptions may be replaced by samples given at the doctor's office.

This shows how difficult it is to document that a treatment/follow-up was initiated. Requiring DCFS staff to do a better job of documenting won't solve this problem.

DCFS, the plaintiffs, the court monitor, the health department, and OSR have recently met to try to resolve these problems. Some changes to the questions and the standards are being explored.

Involving family members in the development of the plan (FC.IVA3):

An important part of the practice model is the inclusion of those directly concerned by the content of the case plan: the child, his or her parents, and any stepparents. The belief is that the family, when actively involved in the development of the case plan and when given a voice in the decisions regarding the services to be provided, is more likely to accept the plan and successfully comply with the requirements. In conducting the review OSR is looking for evidence that these family members were included in the discussions regarding the plan before its finalization.

Findings on this question (see table below) indicate that workers are doing a better job of documenting compliance with this requirement than in the past, but there remains room for improvement.

Evidence was found that parents were involved in the development of the plan in 52 out of 74 applicable cases (70%), only slightly better than last year. In nine cases evidence showed that one parent was involved, but not the other (which is a Partial

answer without credit). Finally, there were 13 cases without evidence that either parent was involved. There was not sufficient data this year to determine the causes of non-compliance. In the past, failure to document was the main reason given by workers. In nine instances, documentation of the father's involvement was missing. In four cases, the mother was not involved. This may indicate either a failure to document the justifiable reasons for not involving the parent (i.e. whereabouts unknown) or a failure to involve this parent (because the parent was unwilling, the worker just didn't do it, or other reasons). In three cases, the worker stated that the parent or guardian could not attend the family team meeting, but there was no documentation of involving them at other times. In one case the parents were hiding from DCFS and the worker produced reasonable but unsuccessful efforts to involve them (EC).

As noted in the table below, stepparents were involved in the development of the plan only 55% of the time, but this is based on a very small sample of only 11 applicable cases and a precision range of +/-25%, which renders this result meaningless.

The age limit when looking at the involvement of children in the development of the plan was changed from five years of age to 12 years of age. OSR reviewers found evidence that children 12 years or older were involved in the planning 83% of the time compared to 59% last year. This almost meets the goal. This increase is probably due, at least in part, to the change of the age requirement.

The scores on family involvement do not coincide with the Qualitative Case Review score on "Child and Family Participation" of 81% discussed earlier.

FC.IVA3:	Sample	Yes	Partial	No	N/A	GOAL	Performance Rate (%) FY 2006	2005	2004	Precision range
Were the following team members involved in creating the current child and family plan?										
the natural parent(s)/guardian?	74	52	9	13	65	85%	70%	66%	43%	9%
the stepparent (if appropriate)	11	6	0	4	128	85%	55%	50%	20%	25%
the child? (age 12 and older)	70	58	0	12	69	85%	83%	59%	45%	7%
Performance rate for all three sub-questions combined							75%	61%	42%	

G. Summary of Data Analysis

The argument can be made that, while overall results are above the goal of 85% (and 90% in CPS), several individual questions remain below the goal and therefore the Division has not yet met the requirements set in the Milestone plan. However, once we eliminate scores that have a small sample and a precision range of more than +/-10% and take into consideration all the EC answers judged to show "reasonable efforts" by the court monitor, then we obtain a different picture: In CPS, including Unable to Locate and Unaccepted Referrals, the results would all be in the green area (meets the goal). Home-based questions would also meet the goal, with two questions remaining a few percentage points below the goal (but when considering the precision range, one could argue that they are within range of the goal). In Foster Care, once we eliminate the statistically unreliable scores, all results are in the green zone or very close, with the exception of the health exams. As reported earlier however, these exams are usually completed within 30 days of their due date. The family involvement questions could be a problem of documentation. Overall, the remaining problems that the agency needs

to respond to are few and well within the range of possibility. Meanwhile, the Division and the plaintiffs are in the process of examining the health care questions.

H. Differences between CPR and QCR Results

The question of family involvement discussed above is a good example to illustrate the differences between the Case Process Review and the Qualitative Case Review. The QCR has an indicator that also evaluates family involvement: Child and Family Participation: "Are family members ... active participants in the team meetings where service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?" As discussed above, the QCR score of 81% achieved this year is well above the CPR scores (between 55-83%).

Why is there such a discrepancy between the two results? The explanation lies in the focus of each review. The CPR focuses on

compliance with guidelines and procedures and documentation of this compliance. In other words, the nature of a case process review is to find written evidence that a particular action was completed within a specific time frame. If the action occurred, but the worker forgot to document it or it happened outside the time limit, the action will not receive credit. It is an all or nothing score, a "Yes" or "No" result (with a few "Partials" receiving credit for the first time this year).

The QCR, on the other hand, focuses on the principle of family involvement and the outcome of that action. Did those concerned feel included in the planning process? Did other team members report that the family was involved? To what extent? Exact time frames and proper documentation are not significant. It is the actual outcome of the involvement, as perceived by those concerned that matters. The QCR reviewers are in a position to give proportional credit based on the amount of involvement observed on a scale of 1 to 6, which is another difference between the two reviews.

While the QCR is able to provide a more in-depth and accurate picture of the current performance of the child welfare system as a whole, the CPR plays an important role providing information to management and legislators regarding compliance to policy and regulations of the agency. While outcomes need to be the primary focus, compliance with policy and proper documentation are a key component of every professional organization.

I. Extenuating Circumstances (EC)

When OSR reviewers find evidence that an action could not be completed due to extenuating circumstances, the question is scored as "EC". This includes cases where the worker made several attempts to complete an action (such as a home visit), but was unsuccessful (nobody home). Reasons for the worker's inability to comply with the requirement may include uncooperative family members (those that vehemently refuse to participate and those that fail to show up at meetings or return phone calls), and other reasons outside the worker's control (worker was given a wrong address and therefore could not meet the priority time frame). An "EC" also occurs in cases where the child is out of state or the worker finds the family moved without leaving an address.

Guidelines exist to determine the minimum requirements for "ECs". For example, at least two attempts to complete the required action within the time frame have to be documented to receive an "EC". At the end of the review, all "ECs" are sent to CWG for approval. Very few are accepted by the court monitor and hence most "EC" answers are treated as "No" answers, and the action is treated as not completed. The court monitor rejected all of this year's "EC" answers, same as last year. Several ECs, however, were deemed to show evidence of "reasonable efforts" by the court monitor, and could be considered in future discussions between the plaintiffs and the defendants about whether or not to count them towards the final score.

There were only 40 "ECs" given, which is less than one percent of all answers provided, and 14 of the 40 were considered to show evidence of "reasonable efforts" by the court monitor. On some questions the

"ECs" with "reasonable efforts" could make a difference. The biggest impact is found on one of the most important CPS questions: CPS.A1: "*Did the investigating worker see the child within the priority time frame?*" The 2006 score is 87%, up from last year's score of 83%. When acknowledging the "ECs" showing "reasonable efforts" according to CWG, the score jumps to 93%. Therefore, if the "reasonable efforts" clause were accepted, then the score on CPS.A1 would rise to 93% and thus meet the goal.

Another question that would be impacted by the "reasonable efforts" clause would be CPS.B2, interviewing the child's parents/guardian. With the three ECs that were approved by CWG as showing "reasonable efforts", the question would also meet the goal, going from 88% to 90%.

J. Prospects for Continued Improvements

The Office of Services Review reviews data with DCFS supervisors and workers to

emphasize areas that can be improved with better documentation and provides training for workers and supervisors regarding practice guideline requirements and Case Process Review requirements. Training sessions are provided as requested by the regional staff and as OSR staff is available.

DCFS continues to make major efforts to improve performance in the CPR. The state administration staff and regional offices are reviewing cases using the OSR survey tool. Computer programs were developed to allow supervisors to continuously monitor their staff's performance, using automated queries of SAFE policy buttons. The state administration is also closely tracking caseworker performance and coaching and assisting caseworkers toward improvements. It is expected that these efforts will result in continued improved performance.

A comparative review of results for the past three years is listed on the following pages. Refer to the appendix section for a complete breakdown of the 2006 Case Process Review results. Partial answers with and without credit are reported in the appendix section.

K. Case Process Review Results FY 2006: Table

Type & Tool #	Question	GOAL	Performance Rate (%) FY 2006	2005	2004	2003
General CPS						
CPS.A1	Did the investigating worker see the child within the priority time frame?	90%	87%	83%	78%	69%
CPS.A2	If the child remained at home, did the worker initiate services within 30 days of the referral?	90%	94%	76%	90%	79%
CPS.A3	Was the investigation completed within 30 days of CPS receiving the report from intake or within the extension time frame granted if the Regional Director granted an extension?	90%	94%	84%	81%	69%
CPS.B1	Did the worker conduct the interview with the child outside the presence of the alleged perpetrator?	90%	94%	97%	88%	93%
CPS.B2	Did the worker interview the child's natural parent(s) or other guardian when their whereabouts are known?	90%	88%	77%	60%	57%
CPS.B3	Did the worker interview third parties who have had direct contact with the child, where possible and appropriate?	90%	97%	82%	72%	76%
CPS.B4	Did the CPS worker make an unscheduled home visit?	90%	99%	73%	78%	71%
CPS.C1	If this is a Priority I case involving trauma caused from severe maltreatment, severe physical injury, recent sexual abuse, fetal addiction, or any exposure to a hazardous environment was a medical examination of the child obtained no later than 24 hours after the report was received?	90%	86% ¹	100%	88%	89%
CPS.C2	If this case involves an allegation of medical neglect, did the worker obtain a medical neglect assessment from a health care provider prior to case closure?	90%	81% ¹	74%	67%	73%
CPS.D1	Were the case findings of the report based on the facts/information obtained/available during the investigation?	85%	99%	94%	83%	91%
CPS.E1	Was the child placed in a shelter placement?					
CPS.E2	Did the worker visit the child in the shelter placement by midnight of the second day after the date of the placement in shelter care?	85%	87% ²	59%	45%	53%
CPS.E3	After the first 48 hours, did the worker visit the child in the shelter placement at least weekly, until the CPS case closure or until transferred to a foster care caseworker?	85%	80% ¹	38%	11%	40%
CPS.E4	Within 24 hours of the child's placement in shelter care, did the worker make reasonable efforts to gather information essential to the child's safety and well-being and was this information given to the shelter care provider?	85%	86%	83%	58%	65%
CPS.E5	During the CPS investigation, were reasonable efforts made to locate possible kinship placements?	85%	98%	95%	93%	85%

green	Performance rate meets the goal
yellow	Performance rate is within 10% of the goal
red	Performance rate is more than 10% below the goal

¹⁾ This score is not statistically reliable due to the small sample size (too many N/As). The entire population was reviewed for this question.

²⁾ CPS.E2 was changed based on a decision made by the plaintiffs and the defendants in January 2006. The criterion was changed from 48 hours to midnight of the second day, which raised the original score of 78% to 87%.

Type & Tool #	Question	GOAL	Performance Rate (%) FY 2006	2005	2004	2003
Unable to Locate Cases						
Unable 1	Did the worker visit the home at times other than normal working hours?	85%	83% ¹	68%	59%	12%
Unable 2	If any child in the family was school age, did the worker check with local schools or the local school district for contact/location information about the family?	85%	79% ¹	88%	74%	81%
Unable 3	Did the worker check with law enforcement agencies to obtain contact/location information about the family?	85%	87%	81%	63%	80%
Unable 4	Did the worker check public assistance records for contact/location information regarding the family?	85%	98%	83%	67%	72%
Unable 5	Did the worker check with the referent for new information regarding the family?	85%	85%	66%	59%	60%
Unaccepted Referrals						
Unacc.1	Was the nature of the referral documented?	85%	99%	99%	100%	98%
Unacc.2	Did the intake worker staff the referral with the supervisor or other intake/CPS worker to determine non-acceptance of the report?	85%	100%	99%	100%	100%
Unacc.3	Does the documentation adequately support the decision not to accept the referral?	85%	98%	89%	95%	89%
Home-Based Services						
HB.1	Is there a current child and family plan in the file?	85%	89%	54%	47%	36%
HB.2	Was an initial child and family plan completed for the family within 45 days of case start date?	85%	82%	51%	42%	26%
HB.3	<i>(This question has been dropped by court order)</i>					
HB.4	Were the following members involved in the development of the current child and family plan?					
	the natural parent(s)/guardian	85%	80%	64%	37%	47%
	the stepparent (if appropriate)	85%	67% ¹	50%	38%	36%
	the target child(ren) (age 12 and older)	85%	65% ¹	53%	25%	26%
	Performance rate for all three sub-questions combined		75%			
HB.5	<i>(This question has been dropped by court order)</i>					
HB.6	Did the worker initiate services for the family/child as identified in the child and family plan(s)?	85%	90%	75%	53%	75%
HB.7	Did the worker make at least one home visit each month of this review period?					
	Month one	85%	86%	88%	81%	78%
	Month two	85%	90%	86%	86%	80%
	month three	85%	88%	89%	86%	75%
	Performance rate for three months combined		88%			
HB.8	<i>(This question has been dropped by court order)</i>					

¹⁾ This score is not statistically reliable due to the small sample size (too many N/As), resulting in a precision range (confidence interval) of more than +/- 10%.

green	Performance rate meets the goal
yellow	Performance rate is within 10% of the goal
red	Performance rate is more than 10% below the goal

Type & Tool #	Question	GOAL	Performance Rate (%) FY 2006	2005	2004	2003
Foster Care Cases						
FC.IA1	Did the child experience an initial placement or placement change during this review period?					
FC.IA2	Following the shelter hearing, were reasonable efforts made to locate kinship placements?	85%	95%	81%	96%	85%
FC.IA3	Were the child's special needs or circumstances taken into consideration in the placement decision?	85%	96%	93%	88%	91%
FC.IA4	Was proximity to the child's home/parents taken into consideration in the placement decision?	85%	100%	96%	100%	89%
FC.IA5	Before the new placement was made, was basic available information essential to the child's safety and welfare and the safety and welfare of other children in the home given to the out-of-home care provider?	85%	75%	69%	51%	46%
FC.IB1	Did the worker contact the out-of-home caregiver at least once during each month of this review period to check on the needs and progress of the child?					
	Month one	85%	96%	95%	90%	91%
	Month two	85%	89%	91%	93%	94%
	Month three	85%	88%	90%	86%	91%
	Month four	85%	92%	91%	88%	92%
	Month five	85%	94%	92%	86%	84%
	Month six	85%	94%	94%	86%	86%
	Performance rate for six months		92%			
FC.IB2	Did the worker visit the child in his/her out-of-home placement at least once during each month of this review period?					
	Month one	85%	88%	91%	86%	87%
	Month two	85%	85%	89%	83%	87%
	Month three	85%	90%	90%	88%	89%
	Month four	85%	91%	91%	89%	84%
	Month five	85%	93%	91%	84%	79%
	Month six	85%	91%	91%	85%	80%
	Performance rate for six months		90%			
FC.IB3	Did the worker visit the child at least once during each month of this review period?					
	Month one	85%	95%	95%	94%	93%
	Month two	85%	93%	92%	94%	95%
	Month three	85%	92%	94%	94%	92%
	Month four	85%	96%	95%	95%	87%
	Month five	85%	97%	97%	94%	87%
	Month six	85%	95%	95%	93%	89%
	Performance rate for six months		95%			
FC.IB4	Did the caseworker visit privately with the child?					
	Month one	85%	89%	68%	69%	80%
	Month two	85%	89%	63%	65%	85%
	Month three	85%	96%	69%	70%	83%
	Month four	85%	93%	70%	82%	75%
	Month five	85%	95%	77%	66%	78%
	Month six	85%	93%	71%	77%	81%
	Performance rate for six months		92%			

Type & Tool #	Question	GOAL	Performance Rate (%) FY 2006	2005	2004	2003
Foster Care Cases						
FC.II1	Was an initial or annual comprehensive health assessment conducted on time?	85%	85%	86%	78%	81%
FC.II2	If a need for further evaluation or treatment was indicated in the most current initial or annual health assessment, was that evaluation or treatment initiated as recommended by the primary care providers?	85%	67% ¹	58%	62%	53%
FC.II3	Was an initial or annual mental health assessment conducted on time?	85%	67%	66%	71%	63%
FC.II4	If a need for mental health services was indicated in the most current initial or annual mental health assessment, were those services initiated within 30 days of receipt of the evaluator's consultation form, unless within 30 days of receipt of the evaluation recommendation the family team concluded that specified services were inappropriate for the child at that time?	85%	81%	73%	66%	69%
FC.II5	Was an initial or annual dental assessment conducted on time?	85%	71%	80%	70%	75%
FC.II6	If need for further dental care treatment was indicated in the initial or annual dental exam was that treatment initiated as recommended by the primary care providers?	85%	80%	78%	76%	75%
FC.III1	Is the child school aged?					
FC.III2	If there was reason to suspect the child may have an educational disability, was the child referred for assessments for specialized services?	85%	89% ¹	79%	80%	74%
FC.IVA1	Is there a current child and family plan in the file?	85%	86%	46%	45%	43%
FC.IVA2	If the child and family plan which was current at the end of the review period was the child's initial child and family plan, was it completed no later than 45 days after a child's removal from home?	85%	76% ¹	63%	47%	42%
FC.IVA3	Were the following team members involved in creating the current child and family plan?					
	the natural parent(s)/guardian?	85%	70%	66%	43%	63%
	the stepparent (if appropriate)	85%	55% ¹	50%	20%	45%
	the child? (age 12 and older)	85%	83%	59%	45%	57%
	Performance rate for all three sub-questions combined		75%			
FC.IVA4	(This question has been dropped by court order)					
FC.IVA5	Did the worker initiate services for the family/child as identified in the child and family plans that are current during the review period?	85%	86%	55%	39%	53%
FC.IVA6	Was the child provided the opportunity to visit with his/her parent(s) weekly?	85%	83%	66%	47%	58%
FC.IVA7	Was the child provided the opportunity for visitation with his/her sibling(s) weekly?	85%	72% ¹	46%	32%	45%

¹⁾ This score is not statistically reliable due to the small sample size (too many N/As), resulting in a precision range (confidence interval) of more than +/- 10%.

green	Performance rate meets the goal
yellow	Performance rate is within 10% of the goal
red	Performance rate is more than 10% below the goal

Appendix

Appendix 1: Case Process Review Data Tables

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial No Credit	No	EC	NA	GOAL	Performance Rate (%) FY 2006	Precision range
General CPS											
CPS.A1	Did the investigating worker see the child within the priority time frame?	138	120	0	0	6	12	0	90%	87%	4.7%
CPS.A2	If the child remained at home, did the worker initiate services within 30 days of the referral?	48	45	0	0	3	0	90	90%	94%	5.7%
CPS.A3	Was the investigation completed within 30 days of CPS receiving the report from intake or within the extension time frame granted if the Regional Director granted an extension?	138	120	9.75	2	3	0	0	90%	94%	3.3%
CPS.B1	Did the worker conduct the interview with the child outside the presence of the alleged perpetrator?	99	93	0	0	1	5	39	90%	94%	3.9%
CPS.B2	Did the worker interview the child's natural parent(s) or other guardian when their whereabouts are known?	136	120	0	12	1	3	2	90%	88%	4.5%
CPS.B3	Did the worker interview third parties who have had direct contact with the child, where possible and appropriate?	128	124	0	0	4	0	10	90%	97%	2.5%
CPS.B4	Did the CPS worker make an unscheduled home visit?	86	85	0	0	1	0	52	90%	99%	1.9%
CPS.C1	If this is a Priority I case involving trauma caused from severe maltreatment, severe physical injury, recent sexual abuse, fetal addiction, or any exposure to a hazardous environment was a medical examination of the child obtained no later than 24 hours	7	6	0	0	1	0	272	90%	86% ¹	1)
CPS.C2	If this case involves an allegation of medical neglect, did the worker obtain a medical neglect assessment from a health care provider prior to case closure?	16	13	0	0	3	0	141	90%	81% ¹	1)
CPS.D1	Were the case findings of the report based on the facts/information obtained/available during the investigation?	138	136	0	0	2	0	0	85%	99%	1.7%
CPS.E1	Was the child placed in a shelter placement?	84				153					
CPS.E2	Did the worker visit the child in the shelter placement within 48 hours of removal from the child's home?	70	61	0	1	8	0	167	85%	87%	6.6%
CPS.E3	After the first 48 hours, did the worker visit the child in the shelter placement at least weekly, until the CPS case closure or until transferred to a foster care caseworker?	15	12	0	1	2	0	222	85%	80% ¹	1)
CPS.E4	Within 24 hours of the child's placement in shelter care, did the worker make reasonable efforts to gather information essential to the child's safety and well-being and was this information given to the shelter care provider?	78	67	0	5	6	0	159	85%	86%	6.5%
CPS.E5	During the CPS investigation, were reasonable efforts made to locate possible kinship placements?	66	65	0	0	1	0	171	85%	98%	2.5%

¹⁾ Score is not statistically reliable due to the small sample size (too many N/As). No precision range on this score because the entire population was reviewed.

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial No Credit	No	EC	NA	GOAL	Performance Rate (%) FY 2006	Precision range
Unable to Locate Cases											
Unable 1	Did the worker visit the home at times other than normal working hours?	23	19		2	2	0	46	85%	83% ¹	13.0%
Unable 2	If any child in the family was school age, did the worker check with local schools or the local school district for contact/location information about the family?	33	26			7	0	36	85%	79% ¹	11.7%
Unable 3	Did the worker check with law enforcement agencies to obtain contact/location information about the family?	55	48			7	0	14	85%	87%	7.4%
Unable 4	Did the worker check public assistance records for contact/location information regarding the family?	55	54			1	0	14	85%	98%	3.0%
Unable 5	Did the worker check with the referent for new information regarding the family?	52	44			7	1	17	85%	85%	8.2%
Unaccepted Referrals											
Unacc.1	Was the nature of the referral documented?	140	139			1			85%	99%	1.2%
Unacc.2	Did the intake worker staff the referral with the supervisor or other intake/CPS worker to determine non-acceptance of the report?	140	140			0			85%	100%	0.0%
Unacc.3	Does the documentation adequately support the decision not to accept the referral?	140	137			3			85%	98%	2.0%
Home-Based Services											
HB.1	Is there a current child and family plan in the file?	134	110	9.75	6	5	0	0	85%	89%	4.4%
HB.2	Was an initial child and family plan completed for the family within 45 days of case start date?	53	35	8.25	4	3	0	81	85%	82%	8.8%
HB.3	<i>(This question has been dropped by court order)</i>										
HB.4	Were the following members involved in the development of the current child and family plan?										
	the natural parent(s)/guardian	81	65	0	3	11	2	53	85%	80%	7.3%
	the stepparent (if appropriate)	6	4	0	0	2	0	128	85%	67% ¹	31.7%
	the target child(ren) (age 12 and older)	37	24	0	1	11	1	97	85%	65% ¹	12.9%
	Performance rate for all three sub-questions									75%	
HB.5	<i>(This question has been dropped by court order)</i>										
HB.6	Did the worker initiate services for the family/child as identified in the child and family plan(s)?	127	88	26.33	0	1	0	7	85%	90%	4.4%
HB.7	Did the worker make at least one home visit each month of this review period?										
	Month one	123	106	0	0	10	7	11	85%	86%	5.1%
	Month two	133	120	0	0	9	4	1	85%	90%	4.2%
	month three	119	105	0	0	11	3	15	85%	88%	4.9%
	Performance rate for three months									88%	
HB.8	<i>(This question has been dropped by court order)</i>										

¹⁾ Score is not statistically reliable due to the small sample size (too many N/As) and/or the precision range (confidence interval) of more than +/- 10%.

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial No Credit	No	EC	NA	GOAL	Performance Rate (%) FY 2006	Precision range
Foster Care Cases											
FC.IA1	Did the child experience an initial placement or placement change during this review period?		60			79					
FC.IA2	Following the shelter hearing, were reasonable efforts made to locate kinship placements?	21	20	0	0	1	0	118	85%	95%	7.6%
FC.IA3	Were the child's special needs or circumstances taken into consideration in the placement decision?	56	54	0	0	2	0	83	85%	96%	4.1%
FC.IA4	Was proximity to the child's home/parents taken into consideration in the placement decision?	46	46	0	0	0	0	93	85%	100%	0.0%
FC.IA5	Before the new placement was made, was basic available information essential to the child's safety and welfare and the safety and welfare of other children in the home given to the out-of-home care provider?	55	41	0	2	12	0	84	85%	75%	9.7%
FC.IB1	Did the worker contact the out-of-home caregiver at least once during each month of this review period to check on the needs and progress of the child?										
	Month one	113	108	0	0	5	0	26	85%	96%	3.2%
	Month two	115	102	0	0	13	0	24	85%	89%	4.9%
	Month three	109	96	0	0	13	0	30	85%	88%	5.1%
	Month four	110	101	0	0	9	0	29	85%	92%	4.3%
	Month five	109	102	0	0	7	0	30	85%	94%	3.9%
	Month six	102	96	0	0	6	0	37	85%	94%	3.8%
	Performance rate for six months									92%	
FC.IB2	Did the worker visit the child in his/her out-of-home placement at least once during each month of this review period?										
	Month one	110	97	0	0	13	0	29	85%	88%	5.1%
	Month two	113	96	0	0	17	0	26	85%	85%	5.5%
	Month three	107	96	0	0	11	0	32	85%	90%	4.8%
	Month four	107	97	0	0	10	0	32	85%	91%	4.6%
	Month five	107	100	0	0	7	0	32	85%	93%	3.9%
	Month six	101	92	0	0	9	0	38	85%	91%	4.7%
	Performance rate for six months									90%	
FC.IB3	Did the worker visit the child at least once during each month of this review period?										
	Month one	113	107	0	0	6	0	26	85%	95%	3.5%
	Month two	119	111	0	0	8	0	20	85%	93%	3.8%
	Month three	118	109	0	0	9	0	21	85%	92%	4.0%
	Month four	118	113	0	0	5	0	21	85%	96%	3.1%
	Month five	117	113	0	0	3	1	22	85%	97%	2.8%
	Month six	111	106	0	0	5	0	28	85%	95%	3.2%
	Performance rate for six months									95%	
FC.IB4	Did the caseworker visit privately with the child?										
	Month one	87	77	0	0	10	0	52	85%	89%	5.6%
	Month two	94	84	0	0	10	0	45	85%	89%	5.2%
	Month three	91	87	0	0	4	0	48	85%	96%	3.5%
	Month four	88	82	0	0	6	0	51	85%	93%	4.4%
	Month five	88	84	0	0	4	0	51	85%	95%	3.7%
	Month six	85	79	0	0	6	0	54	85%	93%	4.6%
	Performance rate for six months									92%	

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial No Credit	No	EC	NA	GOAL	Performance Rate (%) FY 2006	Precision range
Foster Care Cases											
FC.II1	Was an initial or annual comprehensive health assessment conducted on time?	127	108	0	17	2	0	12	85%	85%	5.2%
FC.II2	If a need for further evaluation or treatment was indicated in the most current initial or annual health assessment, was that evaluation or treatment initiated as recommended by the primary care providers?	53	34	1.5	8	9	0	86	85%	67% ¹	10.6%
FC.II3	Was an initial or annual mental health assessment conducted on time?	121	81	0	35	5	0	18	85%	67%	7.0%
FC.II4	If a need for mental health services was indicated in the most current initial or annual mental health assessment, were those services initiated within 30 days of receipt of the evaluator's consultation form, unless within 30 days of receipt of the evalua	79	63	0.75	13	2	0	60	85%	81%	7.3%
FC.II5	Was an initial or annual dental assessment conducted on time?	112	80	0	26	6	0	27	85%	71%	7.0%
FC.II6	If need for further dental care treatment was indicated in the initial or annual dental exam was that treatment initiated as recommended by the primary care providers?	59	45	2.25	3	8	0	80	85%	80%	8.6%
FC.III1	Is the child school aged?		102			37					
FC.III2	If there was reason to suspect the child may have an educational disability, was the child referred for assessments for specialized services?	18	16	0	0	2	0	121	85%	89% ¹	12.2%
FC.IVA1	Is there a current child and family plan in the file?	139	107	12	11	5	0	0	85%	86%	4.9%
FC.IVA2	If the child and family plan which was current at the end of the review period was the child's initial child and family plan, was it completed no later than 45 days after a child's removal from home?	27	13	7.5	4	0	0	112	85%	76% ¹	13.5%
FC.IVA3	Were the following team members involved in creating the current child and family plan?										
	the natural parent(s)/guardian?	74	52	0	9	13	0	65	85%	70%	8.7%
	the stepparent (if appropriate)	11	6	0	0	4	1	128	85%	55% ¹	24.7%
	the child? (age 12 and older)	70	58	0	0	12	0	69	85%	83%	7.4%
	Performance rate for all three sub-questions									75%	
FC.IVA4	(This question has been dropped by court order)										
FC.IVA5	Did the worker initiate services for the family/child as identified in the child and family plans that are current during the review period?	137	71	47.34	0	0	0	2	85%	86%	4.8%
FC.IVA6	Was the child provided the opportunity to visit with his/her parent(s) weekly?	75	62	0	11	2	0	64	85%	83%	7.2%
FC.IVA7	Was the child provided the opportunity for visitation with his/her sibling(s) weekly?	53	38	0	13	2	0	86	85%	72% ¹	10.2%
	TOTAL	6479	5661	125.42	189	416	40	3957		89%	